

Natural remission of ED more common than previously thought?

Travison TG *et al.* The natural progression and remission of erectile dysfunction: results from the Massachusetts Male Aging Study. *J Urol* 2007;177:241–6.

The rate of natural remission of erectile dysfunction (ED) may be greater than previously thought, researchers have concluded. They found that about one-third of men with ED went into natural remission over a 9-year period; another one-third showed progression. In their paper, the researchers write that early studies of ED produced limited evidence of spontaneous remission, but there have subsequently been few studies into the natural progression and remission of the condition following its initial presentation. To investigate, they analysed data from the Massachusetts Male Aging Study, in which 401 men with ED at baseline, in the period 1987–89, were re-assessed an average of 9 years later, in the period 1995–97 (i.e. before the widespread use of PDE5 inhibitors). At both assessments, the men were classified as having either minimal, moderate or complete ED, or no ED, based on interview responses relating to 13 variables. Remission was defined as a reduction in severity of at least one category, such as from complete to moderate ED. Progression was defined as an increase in severity of at least one category.

The researchers report that the rates of remission were 32%, 38% and 42% among men with baseline minimal, moderate and complete ED, respectively, and the rates of progression were 33% and 32% among men with baseline minimal and moderate ED, respectively. Of the men who showed remission, 81% experienced total remission; of the men who showed progression, 68% experienced progression to complete ED. Younger age and lower body mass index were significantly associated with remission, while

older age, higher body mass index, smoking and poor general health were significantly associated with progression. The researchers conclude: 'The association of body mass index with remission and progression, and the association of smoking and health status with progression, offer potential avenues for facilitating remission and delaying progression using nonpharmacological intervention.'

National data confirm high ED prevalence in men with diabetes and/or CVD

Selvin E *et al.* Prevalence and risk factors for erectile dysfunction in the US. *Am J Med* 2007;120:151–7.

About half of all men with diabetes, or with a history of cardiovascular disease (CVD), have erectile dysfunction (ED), according to US national survey data. Researchers analysed responses from 2126 men aged 20 or above who took part in the 2001–02 National Health and Nutrition Examination Survey. The survey included a single question relating to ED, asking: 'How would you describe your ability to get and keep an erection adequate for satisfactory intercourse?' Men who responded either that they were 'sometimes able' or 'never able' to get and keep an erection were considered to have ED. The overall prevalence of ED was 18.4%, with prevalences increasing with age from 5.1% in men aged 20–39 years to 70.2% in men aged 70 years or older. The crude prevalence of ED was 51.3% in men with diabetes and 50% in men with a history of CVD; these rates fell to 38.6% and 24.7%, respectively, after adjusting for age. The highest rates were seen in men with a history of prostate cancer (crude rate 93.3%, age-adjusted rate 70.2%), although this group was small, consisting of only 68 men. A sub-analysis of responses from men aged 40 or above indicated that 88.1% of those with ED had at least one major cardiovascular risk

factor (hypertension, hypercholesterolaemia, current smoking, or diabetes).

Prostate therapy associated with 40% reduction in penis length

Haliloglu A *et al.* Penile length changes in men treated with androgen suppression plus radiation therapy for local or locally advanced prostate cancer. *J Urol* 2007;177:128–30.

This small prospective study found that penis length was reduced by 41% following neoadjuvant hormonal therapy plus radiation therapy for prostate cancer. A total of 47 patients, with a mean age of 68.8 years, were recruited for the study between November 2000 and November 2005. After clinical staging (ranging from T2 to T3b), the patients received LHRH-agonist every 3 months for a total of three injections. Radiation therapy was begun at month 7 of hormonal therapy (a daily dose of 2 Gy, on 5 days per week for 7 weeks; total 70 Gy). Measurements of stretched penile length were taken before starting androgen suppression therapy and every 3 months afterwards for 18 months. The researchers measured stretched penile length from the tip of the glans to the pubo-penile skin junction, applying tension to maximally stretch the penis. They report that significant reductions in length, compared with baseline measurements, were seen at 6, 9, 12, 15 and 18 months. At 18 months only 24 patients were available for measurements – these men had a mean stretched penile length of 8.6 cm, down from a mean of 14.5 cm at baseline. The researchers also found that patients with a longer baseline penile length, of 14 cm or more, tended to experience a greater decrease in length. In the paper the researchers discuss possible mechanisms, including postoperative denervation atrophy, fibrosis of the penile cavernous smooth muscle and long-term inflammatory microvessel changes and neural injuries occurring after external beam radiotherapy.

Study finds links between risk of prostate cancer and sex ratio of offspring

Harlap S *et al.* Prostate cancer in fathers with fewer male offspring: the Jerusalem Perinatal Study Cohort. *J Natl Cancer Inst* 2007;99:77–81.

The risk of prostate cancer is significantly higher in men who have daughters only than in men with at least one son, according to this study. The researchers followed up a cohort of 38,934 men from the birth of their offspring (in the period 1964 to 1976) until 2005. In that period, 712 of the men were diagnosed with prostate cancer. Compared with men with at least one son, the relative risks of developing prostate cancer that were associated with having one daughter and no sons, two daughters and no sons, or three or more daughters and no sons were 1.25, 1.41 and 1.60, respectively (all lower limits of 95% confidence intervals of 1.00 or greater). There was a statistically significant trend whereby the relative risk of prostate cancer decreased with an increase in the number of sons; the relative risk was unchanged by the number of daughters. The researchers suggest that there could be genetic reasons (possibly linked to the Y chromosome) why men who were diagnosed with prostate cancer were more likely to have fathered girls than boys.

Refracture risk greater in men than in women

Center JR *et al.* Risk of subsequent fracture after low-trauma fracture in men and women. *JAMA* 2007;297:387–94.

The increase in the risk of a second fracture after an initial low-trauma osteoporotic fracture is significantly greater in men than in women, according to the results of this study. Researchers in Australia conducted a prospective cohort study of 2,245 women and 1,760 men aged 60 years or older and living in the community. During the 16-year study period, from July 1989 to April 2005, 905 women (32 per 1,000 person-years) and 337 men (16 per 1,000 person-years) had an initial fracture. Of these, 253 women (62 per 1,000 person-years) and 71 men (57 per 1,000 person-years) had a subsequent fracture. The researchers continue: 'Given the lower initial population risk for men, this

similar absolute refracture risk meant that the [relative risk] was significantly higher in men than in women.' The relative risk was 3.47 in men and 1.97 in women. The increased risk occurred for almost all initial fracture locations (except for rib fractures in men and ankle fractures in women), and persisted for up to 10 years.

Alarming findings on date rape acceptance

Kaestle CE *et al.* Music videos, pro-wrestling, and acceptance of date rape among middle-school males and females: an exploratory analysis. *J Adolesc Health* 2007;40:185–7.

In the first part of this study, researchers asked 462 girls and 442 boys aged 12–15 years at schools in the southeastern USA whether they strongly agreed, agreed, disagreed or strongly disagreed with the statement 'Forcing a dating partner to have sex is never OK'. Among boys, the percentages were 64.9%, 20.8%, 4.5% and 9.7%, respectively (i.e. a total of 14.2% of boys disagreed with the statement). Among girls, the percentages were 84.6%, 6.3%, 2.2% and 6.9%, respectively (i.e. a total of 9.1% of girls disagreed with the statement). This level of disagreement with the statement was 'alarming,' said the researchers. In a subsequent analysis of questionnaire responses, disagreement was found to be associated with watching music videos and watching pro-wrestling (implying exposure to content of a sexual and/or violent nature) in boys but not in girls, after controlling for overall television exposure, parenting style and demographic factors. Black girls were more likely than white girls to disagree with the statement about date rape, but no such race difference was seen in boys. In the discussion section of their paper, the researchers acknowledge the difficulty of drawing conclusions about causes and effects, based on the findings of this non-experimental study.

Sex differences in neonatal behaviour

Boatella-Costa E *et al.* Behavioral gender differences in the neonatal period according to the Brazelton scale. *Early Hum Dev* 2007;83:91–7.

Some subtle sex differences exist in how newborn infants react and behave in the neonatal period, according to the results of this study. Researchers applied the Brazelton Neonatal Behavioral Assessment Scale to 188 healthy full-term newborns (100 girls and 88 boys). They found that girls had significantly higher scores than boys in four out of the 34 items on the scale: they tended to be more alert, to have a higher quality of alertness, to be better able to regulate their emotional state and to respond better to the examiner's voice. Boys had a significantly higher score than girls on one item, tending to be less irritable. The researchers comment: 'The girls showed irritation more often than the boys, but they could regulate their states better and return to a more calmed state.'

Discussing the results further, they suggest that the observed sex differences may be explained in part by differences in prenatal exposure to gonadal hormones. They also discuss the implications for optimising neonatal development particularly in boys: 'The findings of this study suggest that parents and early care professionals may devote special attention to the individual differences in the neonatal period and, in the case of boys, to have in mind that they could probably need to be stimulated to improve their auditory and alertness abilities (by talking to them from their birth) as well as to help them to regulate their states (for example using consolability and other regulatory manoeuvres as described by Brazelton and Nugent).'

Truckers drive demand for sex along Kenyan highway

Ferguson AG, Morris CN. Mapping transactional sex on the Northern Corridor highway in Kenya. *Health & Place* 2007;13:504–19.

For this study, researchers set out to measure the volume of transactional sex at the main truck stops along an 850 km stretch of highway linking the major port of Mombasa, Kenya, with towns on the Kenya-Uganda border (the highway continues on into Uganda and the Great Lakes region, and is the most important of the four East African transport corridors). They identified 39 'hot-spots' – settlements of various sizes, including areas of high population density – at

which there were an estimated 5,600 female sex workers and there were an average total of 2,400 trucks parked overnight. An analysis of diaries kept by 403 sex workers revealed they had a mean of 13.6 different sexual partners per month, with about two liaisons per partner and about two sexual acts per liaison (producing a mean total of 54.2 sex acts per month). Condoms were used in 90% of liaisons with casual clients and in 69% of liaisons with regular clients. A breakdown of clients by profession showed that 30.2% were truckers, 14.5% were other drivers, 11% were business/sales people and 7.4% were police (other professions made up the remaining 36.9%). The researchers conclude: 'A coordinated national or, better still, regional program that encompasses sex workers and truck drivers is urgently needed. [...] This is especially relevant given the declining HIV prevalence in the general population and the danger that these vulnerable groups may once again provide a bridge to future increases in HIV prevalence.'

Characteristics of effective sex/HIV education programmes

Kirby DB *et al.* Sex and HIV education programs: their impact on sexual behaviours of young people throughout the world. *J Adolesc Health* 2007;40:206–17.

The authors of this paper reviewed 83 studies that measured the impact of curriculum- and group-based programmes of sex/HIV education for young people aged 9–24 years. Of the 83 studies identified, 56 were conducted in the USA, 9 in other developed countries and 18 in developing countries. Overall, 52% of the programmes focused on preventing sexually transmitted diseases (STDs) and HIV only, 31% focused on preventing both STDs/HIV and pregnancy, and 17% focused on preventing pregnancy only. Almost two-thirds of the studies (65%) had a significant positive impact on one or more sexual behaviours and outcomes (such as the timing of initiation of sex, frequency of sex, number of sexual partners, condom use, contraceptive use in general, sexual risk-taking, pregnancy rates and STD rates), while 7% had a significant negative impact on one or more of these behaviours and outcomes. The researchers identified 17 characteristics

displayed by effective programmes – five relating to the process of developing the curriculum, eight relating to the content of the programme and four relating to implementation. These are discussed in detail in the full paper.

Testicular cancer survival: European countries compared

Sant M *et al.* Ten-year survival and risk of relapse for testicular cancer: a EURO-CARE high resolution study. *Eur J Cancer* 2007;43:585–92.

In this study, researchers reviewed the clinical records of 1,350 men with testicular cancer diagnosed during 1987–92. The records were obtained from 13 cancer registries in nine European countries (three registries in France, two in the Netherlands and Italy, and one each in Estonia, Poland, Slovakia, Slovenia, Switzerland and UK). Ten-year survival rates for seminomatous testicular cancer ranged from 63% in Estonia to 94% in Slovenia and Switzerland, while 10-year survival rates for non-seminomatous testicular cancer ranged from 47% in Estonia to 90% in the Netherlands and UK. Analyses adjusting for stage, age and country showed that hazard ratios for death were similar in most countries, with the differences in survival largely accounted for by differences in stage at diagnosis. Hazard ratios for death were significantly higher, however, in Estonia and Poland, and were not explained entirely by a more advanced stage at diagnosis. The researchers say this suggests 'inadequate treatment and a failure of these countries' health systems to implement effective treatment protocols.'

Review addresses intimate partner violence by women

Carney M *et al.* Women who perpetrate intimate partner violence: a review of the literature with recommendations for treatment. *Aggress Violent Beh* 2007;12:108–15.

In this paper, researchers review the published literature to address three issues: the extent to which domestic violence is

initiated by women; the cultural beliefs that shape our conceptualisation of domestic violence and responses to it; and what happens to women who are arrested, prosecuted and convicted of domestic violence offences. Concluding, they state: 'As our discussion demonstrates, female-perpetrated abuse in intimate relationships is at least as common as male abuse, often extends to the same degree of severity, can result in serious negative outcomes for male and female victims, and seems to reflect a common set of background causes.' The extensive review includes reference to a recent study (Carney M, Buttell F. *Journal of Offender Rehabilitation* 2005;41:33–62) suggesting that women who were required by law to enter a batterer intervention programme (BIP) had higher levels of interpersonal dependency on their partners, compared with a non-violent control group. This suggests that attachment issues, and excessive dependency in particular, could become an important target of interventions for women in BIPs.

Women cite 146 reasons for having unprotected intercourse

Nettleman M *et al.* Reasons for unprotected intercourse in adult women: a qualitative study. *J Midwifery Women's Health* 2007;52:148–52.

For this study, US researchers conducted four focus group discussions involving a total of 32 women, with the aim of documenting reasons why a woman might have sex without using contraception when she did not want to get pregnant. Analysis of the discussion transcripts showed the women gave a total of 146 reasons, which could be divided into four categories: method-related (including local or systemic side-effects, technical difficulties such as a condom breaking and having concerns about the effectiveness of the method), user-related (including lack of preparation, a perceived low risk of getting pregnant, being shy or embarrassed about obtaining contraception and having a pre-existing condition limiting the choice of method), partner-/relationship-related (including equating condoms with promiscuity/infidelity and perceptions about the negative impact of methods such as condoms on the relationship) and cost-/

access-related (including lack of insurance, basic costs of contraception and previous negative interactions with clinic staff or providers).

Watching the cystoscopy screen lessens pain?

Patel AR *et al.* Office based flexible cystoscopy may be less painful for men allowed to view the procedure. *J Urol* 2007;177:1843–5.

Men who are allowed to look at the video monitor while having diagnostic flexible cystoscopy afterwards report a significantly lower level of pain than men who cannot see the screen, researchers have reported. They conducted a randomised trial in 100 consecutive male patients who underwent the same flexible cystoscopy procedure, performed by the same surgeon; the only difference was the positioning of the video monitor. The men who could see the monitor reported a 40% lower level of pain, as indicated by scores on a visual analogue pain scale, compared with the men who could not see the monitor. The researchers write: 'A simple modification in technique, i.e. adjusting the location of the video monitor so that the

patient can simultaneously view the procedure, may significantly increase patient tolerance of office cystoscopy.'

The higher the BMI, the lower the suicide rate

Mukamal KJ *et al.* Body mass index and risk of suicide among men. *Arch Intern Med* 2007;167:468–75.

Being overweight or obese is associated with a lower risk of suicide in men, according to the results of a large follow-up study. In the prospective Health Professionals Follow-up Study, a cohort of 46,766 men who were free of cancer at enrollment in 1986 were followed-up until February 2002 (or death). During follow-up a total of 131 of these men died from suicide. A higher body mass index (BMI) was associated with a significantly lower suicide rate: the suicide mortality rate decreased from a rate of 52 per 100,000 person-years in men with a BMI of less than 21 kg/m² to a rate of 13 per 100,000 in men with a BMI of 30 kg/m² or higher. The researchers, who note that previous studies on BMI and suicide have produced conflicting results, conclude that 'further research into mechanisms of lower risk among overweight and obese men may

provide insights into effective methods of suicide prevention.'

Assessing the prevalence of transsexualism

De Cuypere G *et al.* Prevalence and demography of transsexualism in Belgium. *Eur Psychiatry* 2007;22:137–41.

In this retrospective study, researchers sent questionnaires to gender teams and plastic surgeons in Belgium asking for information on all people who had undergone sex reassignment surgery since 1985. Responses submitted in 2003 suggested that there were a total of 412 Belgian-born transsexuals (292 male-to-female transsexuals and 120 female-to-male transsexuals). The researchers said this translated into a prevalence of 1 in 12,900 for male-to-female transsexuals and 1 in 33,800 for female-to-male transsexuals – similar rates as in other Western European countries. The prevalences were significantly lower in Wallonia (the French-speaking region of Belgium) than in Flanders (the Dutch-speaking region) and Brussels (the bilingual capital region). The mean age at which the transsexuals had first consulted a plastic surgeon or psychiatrist was 31.6 years, and ranged from 14–71 years.